

Commonwealth of Massachusetts
OFFICE OF CONSUMER AFFAIRS
DIVISION OF PROFESSIONAL LICENSURE
Office of Investigation
239 Causeway Street, Suite 400
Boston, Massachusetts 02114

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
BETH LINDSTROM
DIRECTOR, OFFICE OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION
ANNE L. COLLINS
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

Hair, Manicure or Aesthetic Salon/Shop Instructions

These instructions should be used when opening a new salon, renting a booth or for any change in salon type or ownership.

Step 1. Prepare

- A. Floor plan must include the entire layout of the salon. It does not have to be professionally prepared it may be hand drawn using circles and squares as symbols to indicate rooms/equipment, front door/backdoor, bathroom location and salon set-up (If the application is for a Booth Renter or Booth Shop see instructions enclosed).

The floor plan must also state the following:

- Owner's name & 2 phone numbers where you can be contacted
- Name and address of salon (must be the street address, it cannot be a P.O. Box)
- If this is a currently licensed salon being purchased enclose a copy of that salon license (if not available note the name and license number of the previous owner on the floor plan)
- Anticipated Opening Date

B. Copy of owner's license or manager's current license if owner is not a licensee (owner does not have to be a licensee).

C. Completed Salon Application

D. Copy of the Business Certificate. If business is incorporated submit a copy of the Articles of Incorporation, if partnership a copy of partnership agreement or LLCs.

E. Occupancy permit from the city or town. If permit cannot be obtain complete either the plumbing and/or electrical forms or the no work required forms enclosed.

F. Money order only for \$113.00 made payable to: Commonwealth of Massachusetts.

If check is submitted it will be returned and your application will not be processed until proper payment is received.

****Application will be returned without being processed if incomplete.****

Step 2. Mail all requirements from step 1 to above address at Attention: New Shop.

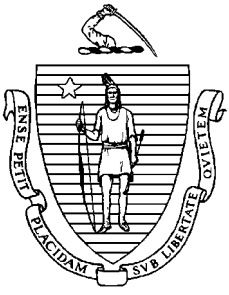
If all requirements are not enclosed the application will be returned to you for completion. A postcard acknowledgement will be mailed to you when all requirements from Step 1 are received.

Step 4. Inspection

After the submitted information has been received and approved the salon investigator will contact the owner to set up an inspection date **within 2 weeks of the approval date**. **If you miss your inspection appointment your application will be denied and you will have to reapply and submit a new application.**

No salon/shop is allowed to open without an inspection





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AESTHETIC/HAIR/MANICURE SALONS GUIDELINES

Use It – Wash It- Wet Sterilize It (20 minutes)- Dry Sterilize It (20 minutes)
(These are not the official rules and regulations. See #18)

All Rules and Regulation in 240 CMR must be followed.

1. You must have the following items in your salon:
 1. Barbicide
 2. Alcohol
 3. Clorox Bleach
 4. Steri-Dry Tubes
2. On each table tools must be placed **tip down** in a jar filled with Barbicide. There should be no cotton in the jar. Jars must be emptied, washed and sanitized after every client.
3. All tools (nippers, drills, pushers, files, brushes, combs, tweezers, etc.) as well as the table must be washed and sterilized after **every** client, then put clean towel and fresh barbicide.
4. Each sink (including restroom) must have **liquid anti-bacterial soap** and **paper towels**.
5. Clean towels must be in a cabinet or drawer. Used towels must be in a covered hamper.
6. Each table must have a **covered** wastebasket.
7. Dry-steri tubes should be enclosed in every draw, container, etc. were sterilized equipment is stored (this includes clean towels).
8. No products with MMA (methyl methacrylate monomers).
9. No hair braiding by any unlicensed person in a licensed salon.
10. No piercing of any kind (this includes ears).
11. NO tattooing (this includes permanent make-up)
12. No eyelash or eyebrow tinting or perming.
13. No credo blades allowed.
14. No beds or cooking allowed.

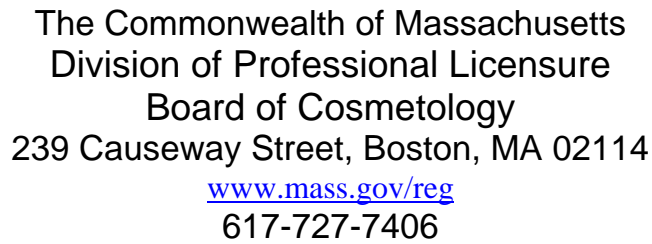


15. Not more than one **quart** of acetone may be kept on the premises and it must be kept in a **fireproof** container.
16. Proper ventilation in nail care salons is essential. A recommended ventilation system should provide for the exhaustion of stale air and intake of fresh air. A system that directs air borne debris (i.e. nail filings) away from the breathing zone of the manicurist and the client is essential.
17. Can only employ Massachusetts Licensed people and all licenses must be displayed.
18. Each salon must have a copy of the rules and regulations (240 CMR). Call (617) 727-2834 for a copy or download a copy from our website **www.mass.gov/reg**.
18. A price list must be posted or visible in every shop.
NOTE: Gender based pricing is prohibited by Mass Public Accommodations Act (GL C. 272 ss. 92A and 98). Prices must be based on factors such as difficulty of procedure or length of hair.
19. To sterilize implement, use one (1) part bleach to ten (10) parts water (e.g., four ounces bleach to forty ounces water; any stronger could rust metal implements).

The method used is as follows:

Rinse the implement in water and then immerse it in the bleach solution. Shake the implement in the bleach solution. **Repeat.** Rise the implement in water a final time wiping it dry with a clean cloth or paper towel. A hair dryer may be used to ensure that the metal implements are completely dry and, therefore, less apt to rust. Place the implements in a closed cabinet or disinfectant solution. This procedure applies to plastic, metal, or rubber. This is the recommended infection control procedure of the Centers for Disease Control regarding all blood/pathogens, including HIV infection/AIDS.

20. Pedicure tools (slippers, toe separators, etc.) **must be disposable unless you have an electric sterilizer.** A new tool must be used with every new customer.
21. When using personal boxes you must still sterilize all tools after finishing the client and putting them back in the box.
22. Cosmetology shops wanting to have barbering available must obtain a separate license from the Board of Barbers and follow all regulations from both boards.
23. Any shop found in violation upon inspection of any regulation will be issued a ticket on the spot at \$100 per violation.



BOARD USE ONLY	
Investigator: _____	Date of Inspection: _____
Received By: _____	License Number: _____

☐ **New Shop (not previously a salon):**

☐ Type 1-Cosmetology (full service)

☐ Type 2 - Booth Shop (renter)

☐ Type 3 - Manicure Only

☐ Type 4 - Booth Renter (owner)

☐ Type 5 -Aesthetic Salon

☐ **Change of Salon Type:**

Is previous owners license attached? Yes No
If no, list the name and license # of the previous owner: _____

List old address: _____

Name of Salon Owner: _____

Last	First	Middle

Address of Salon:			
No.	Street	P.O. Box	
City/Town	State	Zip Code	

Social Security and/or F.I.D #: _____

rev 07/22/04

If Salon is:

☐ Individually Owned

☐ Partnership

List the partners? _____

☐ Incorporated (enclose Articles of Incorporation)

State where the salon is incorporated: _____

Note: If salon is incorporated be sure to have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

☐ Corporation What is the name if different than the salon name? _____

List the officers? _____

How many operators are employed? _____ Attach a copy of their licenses.

Do you own any other salons in Massachusetts? ☐ No ☐ If yes, please list name and address: _____

- Do you hold any other manicuring, aesthetic or hairdressing license(s)/certification(s) in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please attach a certificate of standing from each state or jurisdiction indicating the status of your license, information on any pending actions and/or any relevant disciplinary information. **You must submit a record of standing for each license for this application to be processed.**
- Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____
- Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

Salon owner or manager must notify the Board of Cosmetology, thirty days prior, of any change in ownership or location. No business of any kind shall be conducted in any approved salon other than the practice of Beauty Culture or the sale of Cosmetics.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Owner

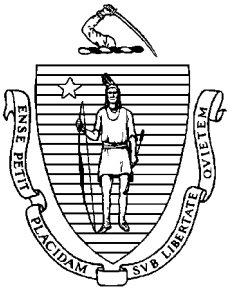
Date

Signature of Owner

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Board of Cosmetology

No Plumbing or Electrical Work Required Form

DATE: _____

This is to certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of local and state electrical and plumbing codes. There have been no changes in electrical and/or plumbing. No changes will take place without first notifying the cosmetology board and proper forms are obtained and completed.

NAME OF SHOP

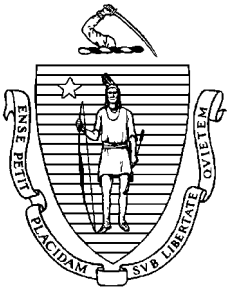
NAME OF SHOP OWNER

ADDRESS OF SHOP

TELEPHONE NUMBER

SIGNATURE OF SHOP OWNER





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Board of Cosmetology
Plumbing Inspection Form

DATE: _____

This is to certify that I am a **Plumbing Inspector** in the State of Massachusetts, and that the plumbing alterations or installations for

NAME OF SHOP OWNER

NO. _____ STREET _____ CITY _____

is in accordance with the specifications of the plumbing ordinances of the City or Town of

NAME OF CITY OR TOWN WHERE SHOP IS LOCATED

and the State of Massachusetts.

NAME OF PLUMBING CONTRACTOR _____

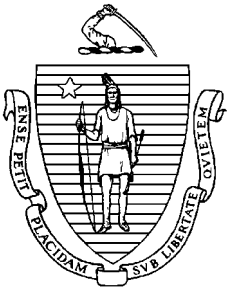
LICENSE # _____

EXP. DATE _____

ADDRESS _____

SIGNED: _____
PLUMBING INSPECTOR LICENSE # EXP. DATE





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Board of Cosmetology
Electrical Inspection Form

DATE: _____

This is to certify that I made such additions and corrections to the **electrical wiring and electrical fixtures** used for lights, heat, and power in the premises located at:

STREET NUMBER

STREET NAME

CITY

STATE

and occupies _____
NAME OF OWNER OF SHOP

as were necessary to make the same comply with Rules and Regulations of the Board of Fire Prevention Regulations of the Department of Public Safety as adapted pursuant to the Provisions of Section 3L of Chapter 143 of the General Laws (inserted by St. 1950, c617)

NAME OF ELECTRICAL CONTRACTOR: _____

ADDRESS: _____

Holder of Master Electrician License. No.: _____

SIGNATURE

Holder of Journeyman Electrician License. No.: _____

SIGNATURE

SIGNED: _____
ELECTRICAL INSPECTOR LICENSE # EXP. DATE

